



Learn More Right Now

If you have specific questions about FSAs, contact our Customer Care Center.

- ▶ Visit **www.myFBMC.com**
- ▶ Call 1-800-342-8017 (Monday - Friday, 6 a.m. - 9 p.m. CT)

If you want to enroll in an FSA, visit **www.benefitschoice.il.gov** for an enrollment form. Review your FSA Booklet and post-enrollment materials for specific information about claims submission and proper procedure. Please note – we will not discuss your account information with others without your verbal or written authorization.

**Fringe Benefits
Management Company**
A Division of WageWorks

P.O. Box 1810 • Tallahassee, FL 32302-1810
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Make Your Money Go Further with a Flexible Spending Account



FSA Features and Highlights

Reduce Expenses **INCREASE SAVINGS**

Leave Taxes Behind!

It's time you get a tax break on the expenses you already have. Save money when you pay for bandages. Increase your savings when you pick up contacts. Bypass taxes when you pay for day care.

With either a Medical Care Assistance Plan (MCAP) or a Dependent Care Assistance Plan (DCAP), the IRS allows you to reduce your taxable income. Just designate a per-pay-period deduction from your paycheck and you're already saving. Your deductions are tax free and available for use on eligible expenses. As you incur expenses throughout your plan year, simply submit a Claim Form. The bottom line is reduced tax liability and a significant increase in your savings.

For an enrollment form, visit the State of Illinois Benefits website at www.benefitschoice.il.gov or contact your agency Group Insurance Representative.

Unlock Medical Savings

It's tough to keep up with the skyrocketing price of medical coverage. The least you can do is save on taxes. The MCAP allows you to pay for eligible co-payments, medical services, prescription drugs and more. Before your plan year begins, review your expected medical expenses. You'll be surprised how much you can save.

Dependent Care Expenses

How much do you pay annually for dependent care? A DCAP helps you pay for care provided in your home or at a qualified day care facility tax free. Eligible facility fees, local day camp fees and babysitting dollars can add up quickly. Simply submit a claim for your eligible dependent(s) and you're on your way to saving money.

Over-the-Counter Drugs and Medicines[†]

Over-the-Counter (OTC) items, medicines and drugs may be reimbursable through your MCAP. Save valuable tax dollars on your purchases of OTC items, medicines or drugs. You may be reimbursed for OTCs through your MCAP if:

- ▶ the item was used for a specific medical condition for you, your spouse and/or your dependent(s)
- ▶ the medicine or drug was used for a specific medical condition for you, your spouse and/or dependent(s) and is accompanied by a prescription from your physician.
- ▶ the submitted receipt clearly states the purchase date and name of the item, medicine or drug
- ▶ the reimbursement request is for an expense allowed by the State of Illinois MCAP and IRS regulations, and
- ▶ you submit your reimbursement request in a timely and complete manner already described in your benefits enrollment information.

[†] Over-the-Counter (OTC) drugs and medicines are no longer eligible for reimbursement without a prescription from your physician.

myFBMC Card® Visa® Card*

The myFBMC Card® electronically debits funds from your MCAP when an eligible expense is incurred. Much like debit cards, there is no risk of overspending or exceeding your account limits. If funds are not available, the transaction is simply denied. Because no credit is being extended, cards are available to anyone who signs up for the MCAP. You automatically receive two cards when you enroll in an MCAP. There is no fee for using the Card.

Card advantages include:

- ▶ Cash-free transactions
- ▶ Paperless prescription medication purchases (certain limitations apply)
- ▶ Tax savings by participating in the MCAP

Orthodontia

Members may be reimbursed for Orthodontia if the treatment is designed to treat a specific medical condition and proper documentation is attached to the initial FSA Claim Form each plan year. Reimbursement can be for either lump sum or monthly payments. Members must submit:

- ▶ a written statement from the treating dentist/orthodontist showing the type and date of service incurred, the name of the eligible individual receiving the service and the cost for the service and
- ▶ a copy of the patient's contract with the dentist/orthodontist for the orthodontia treatment.

* The myFBMC Card® does not apply to DCAP.

